

Extended Day Care Enrollment Form
2014 – 2015

Dad's name: _____ Dad's cell phone: _____

Dad's work #: _____ Dad's home #: _____

Mom's name: _____ Mom's cell phone: _____

Mom's work #: _____ Mom's home #: _____

** (Please put a * by the number that should be called first.)

Names and grades of children:

Emergency Contacts: People who may be called if a child is injured or sick and parents cannot be reached:

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Phone: _____ Phone: _____

Carpools or other people who have permission to bring your children home:

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Check when you plan to use Extended Care. Check all that apply:

Before School: ___ Everyday or ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri

After School: ___ Everyday or ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri

_____ I plan only occasional use of extended day care.

Does your child have any allergies or medical conditions that the Extended Care staff needs to be aware of? _____ If yes, please explain. _____

Signature